MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 7860

1. PLACE OF DEATH
County: St Louis — Registration District No. 789 — File No.
Township: Central — Primary Registration District No. 6033 B — Registered No. 44
City: Overland (No. ..... St. ..... Ward)

2. FULL NAME: Anna Bettenmann
(a) Residence. No. 2504 Woodson Rd St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jacob Bettenmann Sr

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 14. 1862

7. AGE: Years 66 — Months 5 — Days 18 ~~19~~ — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

PARENTS
10. NAME OF FATHER: Jacob Durr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland
12. MAIDEN NAME OF MOTHER: Anna Toedtli
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

14. INFORMANT (Address): Mary Baumann

15. FILED 2/4, 1929 Rolla Bray M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 2nd 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 1929, to Feb. 2nd, 1929 that I last saw her alive on Feb. 2nd, 1929, and that death occurred, on the date stated above, at 7.50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
46C
Carcinoma of the Sigmoid. —
(duration) yrs. 9 mos. — ds.

CONTRIBUTORY (SECONDARY): 45
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan. 19th 1929 —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) Wm. C. Ginsberg, M.D.
, 19 (Address) 3010 S. Grand Blvd. —

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lake Charles — DATE OF BURIAL: 2-5 1929

20. UNDERTAKER: Baumann Bros — ADDRESS: Overland Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 27 1929

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